Toxic Substances Control Division State of California—Health and Welfare Agency Sacramento, California Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Information in the shaded areas is not required by Federal Manifest 2. Page 1 1. Generator's US EPA ID No. Document No. UNIFORM HAZARDOUS . C . A D O O 8 3. O 2 . 9 O3. WASTE MANIFEST A.State Manifest Document Number Generator's Name and Mailing Address 84939715 Oil & Solvent Process Company B.State Generator's ID Ca 91702 1704 West First Street. Azusa. CADOO83029<u>03</u> 334-5117 Generator's Phone (818) C.State Transporter's ID / US EPA ID Number 5. Transporter 1 Company Name D.Transporter's Phone 818 334-5117 lc A D 0. 0.8.3 0 2 9 03 Oil & Solvent Process Company E.State Transporter's ID US EPA ID Number 7. Transporter 2 Company Name F.Transporter's Phone G.State Facility's ID C A D 0 4 2 2 4 5 0 0 1 US EPA ID Number 9. Designated Facility Name and Site Address 10. Omega Chemical H.Facility's Phone 12504 E. Whittier Blvd CAD 042245001. 968-0991 Whittier, Ca 90602 12.Containers 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Unit Total Waste No. Туре Quantity Wt/Vol No. GEN a. 211 ORM-E NA9189 Hazardous Waste Liquid N.O.S. 2.5.0 O E b. Т 0 R d. K.Handling Codes for Wastes Listed Above J. Additional Descriptions for Materials Listed Above 98 - 96% A1 - Trichlorotrifloroethane - 2 % A2 - Methanol / Ethanol 0 - 2 % A3 - Oil / Water / Dirt (55/3) 15. Special Handling Instructions and Additional Information Make sure drums are not leaking and bungs are tight & also avoid breathing vapors. Use gloves & goggles 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. Date Month Day Year Signature Printed/Typed Name 0.8 2.1185 CAMMACK Date 17. Transporter 1 Acknowledgement of Receipt of Materials Month Day Year Signaturé Printed/Typed Name 08121 LOERA KUDY J. Date 18. Transporter 2 Acknowledgement of Receipt of Materials Month Day Year Signature Printed/Typed Name 19. Discrepancy Indication Space Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Date

Signature

Printed/Typed Name

Month Day Year

12485